AIRWAY OBSTRUCTION - PEDIATRIC
(Less than 15 years of age)

FIELD ASSESSMENT/TREATMENT INDICATORS

1. Universal sign of distress.

2. Sudden alteration in respiratory effort or signs of obstruction – coughing, gagging, stridor, wheezing, or, apnea.

3. Altered level of consciousness (for younger children this is measured by the inability to recognize caregiver, no aversion to being cared for by EMS personnel, limp and/or ineffective cry).

BLS INTERVENTIONS - RESPONSIVE

1. Assess for ability to cry, speak or cough (e.g. “Are you choking?”).

2. Administer abdominal thrusts (repeated cycles of five (5) back slaps and five (5) chest thrusts for infant less than one (1) year), until the foreign body obstruction is relieved or until patient becomes unresponsive.

3. After obstruction is relieved, reassess and maintain ABC’s.

4. Administer oxygen; if approved, obtain O2 saturation, per Protocol Reference #10170, Pulse Oximetry.

5. If responsive, place in position of comfort, enlisting help of child’s caregiver if needed. If child is uninjured but unresponsive with adequate breathing and a pulse, place in recovery position.

BLS INTERVENTIONS - UNRESPONSIVE

1. Position patient supine (for suspected trauma maintain in-line axial stabilization). Place under-shoulder support to achieve neutral cervical spinal position if indicated.

2. Begin CPR, starting with thirty (30) compressions.

3. Open airway using the head tilt-chin lift method(for suspected trauma, use jaw thrust). Remove object if visible.

4. If apneic, attempt two (2) ventilations with bag-valve mask. If no chest rise or

unable to ventilate, continue cycles of thirty (30) compressions to two (2) ventilations until obstruction is relieved or able to ventilate.

5. If apneic and able to ventilate, provide 1 breath every three (3) to five (5) seconds. Confirm that pulses are present and reassess every two (2) minutes.

6. If available, place AED per Protocol Reference #10130, AED.

ALS INTERVENTIONS

1. If apneic and able to ventilate, consider intubation per Protocol Reference #10040, Oral Endotracheal Intubation – Pediatric.

2. If obstruction persists and unable to ventilate, visualize with laryngoscope and remove visible foreign body with Magill forceps and attempt to ventilate.

3. If obstruction persists, consider Needle Cricothyrotomy per Protocol Reference #10070, Needle Cricothyrotomy.